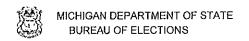


# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

COVER PAGE			
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	l signed by andidate.	3. This Statement covers:	rom 9-3-14 to 10-22-14
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.
150674		De Frain	Brandon J Istrict # or Community Served (If applicable)
2. Committee Name			
		Daylounty	Commissioner District 1
Friends of Brandon 1	DeFrein	4b. County of Residence	
5. Committee's Mailing Address		6. Treasurer's Name & Resid	ential Address
314 Van Etten St.		Chelsey De	Frain
Pinconning, MI 48650	<b>)</b>		
Area Code and Phone 989-415-9	941		
If the address in this box is different from the commitmalling address on the Statement of Organization, in	ltee	a.	
be sent to this address by the filing official.	•	Area Code & Phone	
7. Treasurer's Business Address		Designated Record Keepe     Designated Record Keeper)	r's Name and Mailing Address (If the committee has a
Same			
	i		
Area Code and Phone		Area Code and Phone	
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:	ILY if candidate ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quarte	erly	by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets,
Primary		·	owes no lates fees or has any outstanding debt.
<b>⊠</b> General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be
Convention			considered a request for the Reporting Waiver.
Special	<sup>9c.</sup> ∭Annual	Statement ( )	
School		Coverage Year	Effective date of dissolution
Caucus		Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to	
		e which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus		,	
11-4-2014			
40 Valgadia - 1944			
10. Verilication: tivve certify that all reasonable diliger my\our knowledge and belief the contents are true, ac	nce was used in ocurate and cor	n the preparation of this statement inplete.	ent and attached schedules (if any) and to the best of
Current Treasurer or Melsey (T	DeFrain	COO	Date 10-22-14
Designated Record Keeper	× V(X(V)	Signature	Date
		The second secon	and the same of th
Candidate Brandon J. DeFra.	h		
Type or Print Name		Şignature	

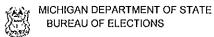


1. Committee I.D. Number <u>150674</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of Broadon DeFrain

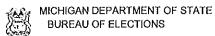
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$/9/5.°°	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ /9/5, °°	(18.) \$ 2697.80
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 2697,80
IN-KIND CONTRIBUTIONS & EXPENDITURES		, n.
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	VO2 221	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	1
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>369.08</u>	70
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$1261,311	(23.)\$ 2016.70
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter year) if no previous reports have been filed )	(13.) \$ 27,4/	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ /9/5,00	
(Line 5, Total Contributions & Other Receipts) 15, SUBTOTAL Add lines 13 and 14	(15.) = \$ 1942.41	
16. Amount expended during reporting period	121131	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ [76]	
(Subtract line 16 from line 15)	(17.) \$ <u>68],10</u> *	



#### CANDIDATE COMMITTEE

1. Committee I.D. Number 150674
2. Committee Name FriendSof Brandon DeFrain

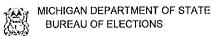
middle initial. Check b	ox to Indicate if cor	tribution is from a Politic regardless of amount.	al Committ		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Dan De Fra	PAC Receipt?	YES 4. Date	of Receip	9-24-2014		
2723 Midle						00 00
Bay City, M					s 25.00	\$ 65,00
5. If over \$100.00 cum	ulative, please pr	ovide:			Click Here fo	or Memo Itemization
Occupation		Employer			Ollok Horo K	or Womo Romization
Business Address		_				
Type of Contribution:	Direct	Loan from a persor	<u>, X</u>	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Receipt	9-24-14		
Senator Mi	ke Green	7				
PO BOX 120	15				\$ <u>200,00</u>	\$ 500,00
Lansing, MI						
5. If over \$100.00 cum					Click Here fo	r Memo Itemization
Occupation State Se	nator	_ Employer_Michig	<u> </u>			
Business Address 12	9 Wi Aller	ian St. #805	Lan	sing Charter Townsh	ip, MI 4843	3
Туре of Contribution:	Direct	Loan from a person	X	Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Date	of Receipt	9=24-14		
Vaughn Beg 5353 Lorra	ick he ct.				\$ 100,00	\$ 120,00
Bay City, MI						
5. If over \$100.00 cum		vide:			Click Here for	Memo Itemization
Occupation P, A		_ Employer_ <u>Berille</u>	r Me	dical		
	<u>58 Wミみ</u> Direct	Center Ro.  Loan from a person		Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date	of Recelp	1 9-24-14		
Markene Chr	stoff - Su	ndberg				:
609. N. True	ndull				\$ 25,00	\$ 25,00
Bay (174, M 5. If over \$100.00 cum	1 48708 <sub>Ilative</sub> , please pro	vide:			Click Here for	Memo Itemization
Occupation		_ Employer	,			
Business Address						
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		
				Page Subtotal	350,00	
				d Total of All Schedules 1A	1915	
			(Complet	e on last page of Schedule) L	Enter this total on	1
Page of					line 3a of Summary Page.	



1. Committee I.D. Number 150 674

2. Committee Name Friends of Brandon Detrain

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-24-14  Name & Address:  Gary Glenn  3800 E. Manroe  Midland, MI 48642  5. If over \$100.00 cumulative, please provide:  Occupation Employer		s 25.00 or Memo Itemization
Business Address  Type of Contribution:   Direct   Loan from a person   Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-14  Name & Address  Brian Horton		
1762 W. Beaver Rd	\$ 40,00	\$ 40,00
Auburn, MI 4861) 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-24-14  Name & Address:  Tune Schweitzer  7280 Kilmanagh Rd.  Pigeon, MI 48755  5. If over \$100.00 cumulative, please provide:		\$ 25.00 Memo Itemization
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt ターフリー(と) Name & Address		
Michael Rivard 840 N. Carfield Rd. Linward, MI 48634 5. If over \$100.00 cumulative, please provide:	s 25.00	\$ 100,00
	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser	3 2 M AA	
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 2 of	115,00 19/500 Enter this total on line 3a of Summary Page.	



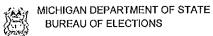
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 150 674

2. Committee Name Friends of Brandon DeFrain

V W D V D V D V D V D V D V D V D V D V	•	
Enter contributor's name and address. If contribution is from an individual, enter tast name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-25-2014 Name & Address:  Constitutional Enforcement PAC  11455 Gardiner TR  Roscommen, MI 48653  5. If over \$100.00 cumulative, please provide:  Occupation	\$ Z 00,00 Click Here fo	\$ 200,06  r Memo Itemization  \$ 50,00
	CHCK FIELG TO	Werno Remization
Occupation Employer		
Business Address		
Type of Contribution: 🔲 Direct Loan from a person 🔀 Fund Raiser		
A Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-24-14		
Matthew Lance 306 S. Johnson St. Bay City, MI 49708 5. If over \$100.00 cumulativo, please provide:		\$ <u>2 కె, ৩ ০</u> Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-24-14 lame & Address  Toseph Davis		
909 N. Wenona St.	\$ 25,00	\$ 125.00
, ,	\$ <u></u>	S F down
Bay City, MI 48706 i. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Insurance Agent Employer DuRisal		
Business Address 3741 E. Wilder Rd Bay City, M1 48706		
Type of Contribution: Direct Loan from a person Fund Raiser	and the same of th	
Page Subtotal	300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1915,00	
/ambions and page a gamestol	Enter this total on	

Enter this total on line 3a of Summary Page.



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 150674

2. Committee Name Friends of Brandon Detrain

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9-24-14		
Kellie Snyder		
12cy Elm	\$ 30,00	\$ 30,00
Boy City, M 1 4 870 (p. 5. If over \$100.00 cumulative, please provide:	\$ 301	<u> </u>
	Click Here f	or Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
the state of the s		i i i i i i i i i i i i i i i i i i i
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-24-14  Name & Address		
Douglas Smith		
4313 Norway Lake Rd.	\$ 100,00	\$ 100,00
Prescett, M1 48756		
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-16-14	-	
Boy Lounty Republican Party PO Box 426	\$ 1006.00	\$ 1000,00
Buy City, IN 1 48 707 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-5-/4 Name & Address		
Brendon Defrain		
314 Van Etten St.	\$ 20,00	\$ 82,80
Pinconny, Mi 48650  5. If over \$100.00 cumulative, please provide:		
	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	1 //30.00	_
Grand Total of All Schedules 1A	1 1 1 1 1	
(Complete on last page of Schedule	Enter this total on	<b>-</b>

line 3a of Summary Page.



# ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

SCHEDULE 1B		
CANDIDATE COMMITTEE 2. C	committee Name <u>Friends of Brendon</u>	Dehern
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		/ 1
Name Old City Hall		9/24/14 \$ 89.62
Address 814 Saginaw St.	Purpose: Fund Raiser	Date
Bay City, M1 48708	Click H	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		ı
Name Sawichi & Son .		16/3/14 \$ 500.85
Address 1521 W. Lafayette, Blud	Purpose: Sign 5	Date
Detroit, MI 48216	Click He	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name Facebook		10/14/14 \$ 251,32
Address	Purpose: Advertisement	Date ———
/ Hacker Way	Click He	re for Memo Itemization Type
Menlo Park, CA 94025	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #4		
Name Facebook	<u>.</u>	7/29/14 \$ 50.44
Address / Hacker Way	Purpose: Advertisement	Date ———
Menlo Park, CA 94025		re for Memo Itemization Type
Fund Raiser	Check box If this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name		:
Address	Purpose:	\$
	Click He	re for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	• •
		this nage S/A A -
	Suoiota	1 this page 892,23

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_ of \_\_\_\_\_

# **FUND RAISER SCHEDULE 1F**

1. Committee I.D. Number **CANDIDATE COMMITTEE** 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -3. Date Event Was Held 4. Number of Individuals Attending 5. Type of Fund Raising Activity 6. Address and Name (If any) of the or Participating (whichever is greater) 9-24-14 Dinner 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) Check if event was a joint fund raiser and complete the following: Co-Sponsor(s) Contribution Split Expenditure Split (%) (%) The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement. Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

150674